

tion without narcosis was painless. The destruction of the joint ends was so great that the olecranon was dislocated upwards, and the arm appeared shortened 11 cm. No fungous granulations. Later an independent abscess formed in the bicipital sulcus. On presenting himself a year after resection the joint was found useless, a suppurating fistula lead to carious bone. Amputation refused.

D—Wrist Joint.

6. Syringomyely. Finger contracture from congelation. Septic inflammation of left index finger and wrist. Amputation. Death from pulmonary metastasis. Pyelocystitis.

All these cases affected men in middle life. Neuropathic individuals are more disposed to all forms of arthritis, and while it may be claimed that these cases belong to the common forms in such persons, still they are so essentially modified and affected by the disturbances in innervation that it is of practical importance to separate them. The injurious influence of the analgesia is strikingly noticeable only in the chronic cases. Pain was present where the inflammation began acutely—perhaps, however, from participation of the cutaneous nerves. The increased vulnerability of the tissues in neuropathics is of great importance. Still, operative wounds and fractures in ataxics heal nicely, as a rule.

As to the diagnosis of these neuropathic joint affections he mentions in the acute cases the rapid deleterious course, in the chronic cases the analgesia, large exudation and great destruction of the joint ends.

It follows that neuropathic disposition is of forensic importance in suits for damage. In all cases of distorsion or fracture presenting analgesia or an unusual course, especially if originating from an otherwise insignificant injury, a careful examination of the nervous system is necessary.

As to treatment, beyond the usual indications, here a firm ankylosis in good position is certainly preferable to extensive grinding and loosening of the joint apparatus. From the bad prognosis of joint distorsions in ataxics rest for the part and later exact supports to free from pressure are applicable. Too great destruction or dangerous suppu-

tion may call for arthrotomy, resection or amputation.—*Arch. f. Klin. Chirg.*, 1886, Bd. 34, Hft. ii.

W. BROWNING (Brooklyn.)

IV. Further Contributions to the Operative Treatment of Club-foot. By Dr. ERNST RIED (Munich). In a former paper the author advanced the opinion that congenital clubfoot was best treated in children by extirpation of the talus, but that cuneiform excision of the tarsus was more adapted to adults.

He now publishes seven cases of operative interference for club-foot occurring in young children; in four of these cuneiform excision was done; in three the talus was removed. He compares the results of both methods together, and decides in favor of extirpating the talus.

It must be understood that the treatment is intended only for those cases where the deformity is excessive; the author does not speak of cases which admit of milder treatment, but only of such as may indicate operative measures.

The advantages of extirpation of the talus over excision of the tarsus consist in preserving the arch of the foot, in permitting the natural development of the other bones of the foot, in forming an almost normal description of foot and in correcting the supinated position of the heel; instead of an ankylosis in Chopart's articulation (as in cuneiform excision), a syndesmosis is formed between the leg-bones and the calcaneus. Nor is there increased danger of the foot's turning over sideways, as Lorenz maintains, after extirpation of the talus.

The disadvantages of cuneiform exsection of the tarsus in young children, on the other hand, consist in the facts that the talus remains, which forms the principal obstruction to the straightening of the foot; that the heel remains in a supinated position; that the arch of the foot is interfered with and the growth of the bones composing it impeded; that by the occurring synostosis the bending of the sole of the foot in walking is rendered impossible and the tendency to walk on the outer edge maintained. Moreover, after cuneiform exsection a more or less ample callus is formed in the line of operation, which occasions recurrence of the trouble, and renders the operation futile.

Rydygier objected to the operation of excision of the talus, because